

CDM FEDERAL PROGRAMS CORPORATION a subsidiary of Camp Dresser & McKee Inc.

September 25, 1992

Elizabeth Van Rabenswaay Regional Project Officer U.S. Environmental Protection Agency 26 Federal Plaza New York, New York 10278

PROJECT:

TES V, EPA CONTRACT NO: 68-W9-0002

DOCUMENT NO:

TES5-RO2024-EP-CQJN

SUBJECT:

EPA Work Assignment RO2024

Letter Report Environmental Priority Initiative

Preliminary Assessment

Cellofilm Corporation, Wood Ridge, New Jersey

EPA ID Number: NJD001394303

Document Control No: TES5-R02024-LR-CQJP

Dear Ms. Van Rabenswaay:

Please find enclosed the letter report entitled, "Environmental Priority Initiative Preliminary Assessment, Cellofilm Corporation, Wood Ridge, New Jersey", as partial fulfillment of the reporting requirements for this work assignment.

If you have any comments regarding this draft submittal, please contact Jeanne Litwin at (212) 393-9634 within two weeks from the date of this letter.

Sincerely,

CDM FEBERAL PROGRAMS CORPORATION

Scott B. Graber

TES V Regional Manager

Enclosure

cc: Tim Gordon, EPA Work Assignment Manager, RCRA Region II
Nancy Toy, EPA Contracting Officer (letter only)
Susan Flakus, CDM FEDERAL PROGRAMS CORPORATION
Jeanne Litwin, CDM FEDERAL PROGRAMS CORPORATION
Pamela Philip, CDM FEDERAL PROGRAMS CORPORATION
Document Control, CDM FEDERAL PROGRAMS CORPORATION (2 copies)
NYC File

LETTER REPORT

ENVIRONMENTAL PRIORITY INITIATIVE
PRELIMINARY ASSESSMENT
CELLOFILM CORPORATION, WOOD RIDGE, NEW JERSEY

Prepared for

U.S. ENVIRONMENTAL PROTECTION AGENCY Office of Waste Programs Enforcement Washington, D.C. 20460

EPA Work Assignment No.

EPA Region Site No.

Contract No.

CDM FEDERAL PROGRAMS

CORPORATION Document No.

Prepared By

Work Assignment Project Manager

Telephone Number

EPA Work Assignment Manager

Telephone Number

Date Prepared

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: 68-W9-0002

: TES5-R02024-LR-CQJP

: CDM FEDERAL PROGRAMS CORPORATION

: Jeanne Litwin

: (212) 393-9634

: Tim Gordon

: (212) 264-9538

: September 25, 1992



CDM FEDERAL PROGRAMS CORPORATION a subsidiary of Camp Dresser & McKee Inc.

September 25, 1992

Mr. Tim Gordon U.S. Environmental Protection Agency 26 Federal Plaza New York, New York 10278

PROJECT:

TES V, EPA Contract No.: 68-W9-0002

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Cellofilm Corporation Wood Ridge, New Jersey

EPA ID Number: NJD001394303 Environmental Priority Initiative

Preliminary Assessment Work Assignment RO2024

DOCUMENT CONTROL NO.:

TES5-R02024-LR-CQJP

Dear Mr. Gordon:

CDM FEDERAL PROGRAMS CORPORATION (CDM Federal) was tasked to perform an Environmental Priority Initiative (EPI) preliminary assessment (PA) for the Cellofilm Corporation (Cellofilm) site in Wood Ridge, New Jersey. After several unsuccessful attempts to gain access to the site, CDM Federal was instructed by EPA to perform a windshield survey of the site. This letter report details the results of CDM Federal's windshield survey and reviews all available site information.

Site History

The site is located at 241 Union Avenue in Wood Ridge, New Jersey. During its years of operation, Cellofilm manufactured base lacquers and industrial finishes for the coatings industry (ref. 2). In 1989, the Reliance company bought the Cellofim operations and closed down the Wood Ridge site (ref. 5).

Regulatory History

In August and November 1980, vice-presidents of Cellofilm signed RCRA Part A "Notification of Hazardous Waste Activity" and "Hazardous Waste Permit Application" forms for submittal to EPA. The forms indicated that hazardous waste was generated, treated, stored, and disposed (TSD) at the site.

On July 7, 1982, legal representatives of Cellofilm submitted RCRA Part A applications for refiling as generators only of hazardous waste. They determined that the facility was not a TSD facility, nor did the facility transport hazardous waste (ref. 2).

Cellofilm received a notice of "Failure to Submit Annual Report" regarding the TSD facility status from the EPA to which they responded. On March 3, 1983, the EPA Bureau of Hazardous Waste Engineering issued a letter covering EPA's review of the Cellofilm response to the notice of violation. EPA determined that Cellofilm's hazardous waste facility was excluded from regulations under N.J.A.C 7:26-1.1 et $\underline{\text{seq.}}$ as the facility accumulated hazardous waste for less than 90 days. The facility was classified as a generator only of hazardous waste provided that it comply with the regulations in N.J.A.C. 7:26-1.1 et seq. The letter also served as notice that the Cellofilm facility was no longer included on the New Jersey Department of Environmental Protection and Energy (NJDEPE) list of "existing facilities" and would therefore no longer be required to submit the TSD facility annual report (ref. 4).

Current Conditions

On August 6, 1992, CDM Federal performed a windshield survey of the former Cellofilm facility. The site is fenced and locked with a sign stating that trespassers will be prosecuted. Monitoring wells were visible on the site. The site is overgrown with vegetation. No structures (as indicated in the 1983 report) were visible onsite. According to a resident of the area, the site has been closed for ten years. He stated that there had been sampling of monitoring wells conducted periodically both onsite and in the surrounding residential area. He also stated that soil had been excavated from the site. The photograph log from the CDM Federal windshield survey

Evidence of Release

No evidence of release was noted at the time of the windshield survey.

Potential Receptors

The site is in a residential area. According to a resident of the area, the property formerly occupied by the Cellofilm facility is up for sale to

Summary of Existing Facility Reports/References

- 1. EPA, RCRA Part A permit forms ("Notification of Hazardous Waste Activity" and "Hazardous Waste Permit Application"), signed August and November 1980 by Cellofilm vice-presidents.
- 2. EPA, RCRA Part A permit forms ("Notification of Hazardous Waste Activity" and "Hazardous Waste Permit Application"), signed July 1982 by
- 3. EPA, "RCRA Transporter Inspection Checklist", stamped February 1981 (not
- 4. EPA, facility operating status letter, March 3, 1983.
- 5. CDM Federal Record of Communication, statements by owner of Industrial

CDM FEDERAL PROGRAMS CORPORATION a subsidiary of Camp Dresser & McKee Inc.

If you have any questions or comments regarding this facility, please feel free to call me at (212) 393-9634.

Sincerely,

CDM FEDERAL PROGRAMS CORPORATION

Jeanne Litwin Work Assignment Manager



Photo 1:

Former location of Cellofilm Corporation.

Time: 09:00



Photo 2:

Former location of Cellofilm Corporation.

Time: 09:00

CDM FEDERAL PROGRAMS CORPORATION

ENVIRONMENTAL PRIORITITES INITIATIVE CELLOFILM CORPORATION WOODRIDGE, NEW JERSEY

Photograph Log

August 6, 1992



Photo 3:

Former location of Cellofilm Corporation.

Time: 09:00



Photo 4:

Former location of Cellofilm Corporation.

Time: 09:00

CDM FEDERAL PROGRAMS CORPORATION

ENVIRONMENTAL PRIORITITES INITIATIVE CELLOFILM CORPORATION WOODRIDGE, NEW JERSEY Photograph Log

August 6, 1992





CORPORATION

241 UNION AVENUE • WOOD-RIDGE, NEW JERSEY 07075 • (201) 438-7100 • N.Y. (212) 564-2063

October 15, 1980

United States Environmental Protection Agency Region II, Room 302, Information Center 26 Federal Plaza New York, New York 10278

Dear Sir:

In regards to your enclosed letter dated October 3rd, please be advised that we have submitted notification under Section 3010 of R.C.R.A. (copies enclosed)

You will notice that the address on your October 3rd is incorrect as this is the address of our parent company and they do not have responsibility in this matter.

Please change your records to send all future correspondence to:

Cellofilm Corporation 241 Union Avenue Wood-Ridge, N.J. 07075

Attention: Mr. Robert Rossomando Vice President

RR/mb encls.

Very truly yours,

CELLOFILM CORPORATION

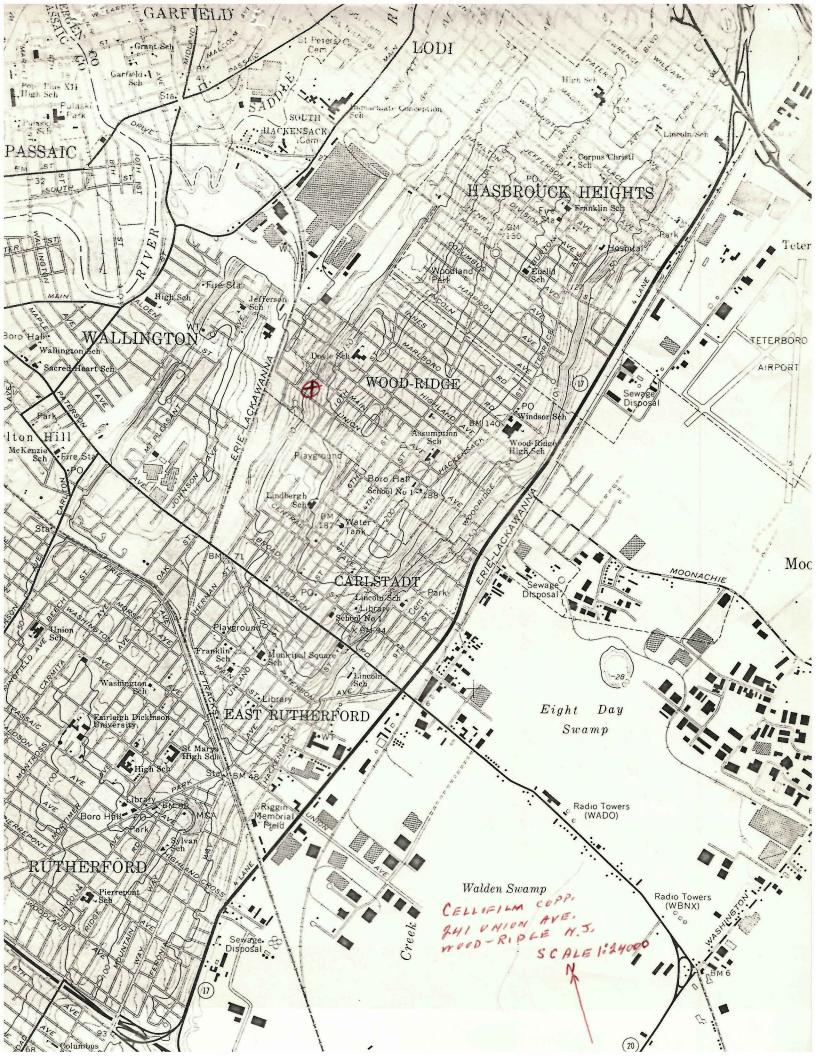
Robert Rossomando Vice President

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State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT 32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON DIRECTOR

0 3 MAR 1983

LINO F. PEREIRA
DEPUTY DIRECTOR

Robert Rossomando Cellofilm Corp 241 Union Ave Wood-Ridge, NJ 07075

RE: Facility Operating Status

Dear Sir:

The Bureau of Hazardous Waste Engineering has reviewed your company's response to the Notice of Violation, Failure to Submit Annual Report. The Bureau finds that the response contains adequate information to determine the operating status of this facility with respect to N.J.A.C. 7:26-1 et seq., the New Jersey Hazardous Waste Management Regulations. The Bureau has determined that the company's hazardous waste treatment, storage or disposal facility as delineated in the company's RCRA Part A application and identified by the following EPA ID Number:

EPA ID NO. NJD001394303

has been excluded from regulations under N.J.A.C. 7:26-1.1 $\underline{\text{et}}$ $\underline{\text{seq}}$. because your facility accumulates hazardous waste on-site for $\underline{\text{less}}$ than 90 days. This exclusion classifies your facility solely as a generator provided the following conditions are complied with:

- All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
- 2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
- 3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
- 4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

New Jersey Is An Equal Opportunity Employer



- 5. For bulk accumulation of dry hazardous waste materials, the waste pile is managed according to the following:
 - (i) The waste pile is no larger than 200 cubic yards; and
 - (ii) The pile shall be placed on an impermeable base that is compatible with the waste; and
 - (iii) Run-on shall be diverted away from the pile; and
 - (iv) Any leachate and run-off from the pile must be collected and managed as a hazardous waste.

This written acknowledgement of the exclusion of the above identified facility from N.J.A.C. 7:26-1 et seq. is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occuring at the site mentioned above.

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirments of N.J.A.C. 7:26-1 et seq. for "existing facilities" which would include the TSD facility annual report. It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

As a result of the conclusions previously made, the Notice of Violation entitled "Failure to Submit Annual Report" signed by Mr. David Shotwell is rescinded and need not be complied with.

If you have any questions on this matter, please call my office at (609) 292-9880.

Very truly yours,

Frank Coolick, Chief

Bureau of Hazardous Waste Engineering

FC:jb

cc Dave Shotwell
NJDEP, Division of Waste Management

Tom Taccone USEPA, Region II

STRAUBING & RUBIN

6 SOUTH DRANGE AVENUE SOUTH DRANGE, N. J. 07079 (201) 762-5950 TELEX NO. 138196

July 7, 1982

9th 14/82 9 24/ Dr.

Dr. Richard Baker
Permits Administration Branch
Room 432
U.S. Environmental Protection Abency
26 Federal Plaza

New York, New York 10007

Re: 1. Cellofilm Corporation, Newark, New Jersey
EPA Id. Nbr. NJD000813451

2. Cellofilm Corporation, Wood-Ridge, New Jersey EPA Id. Nbr. NJD001394303

Our Project No. C-1688

Dear Dr. Baker:

Attached are refilings of EPA Form 8700-12 (6-80) and EPA Form 3510-1 (6-80) for our client, Cellofilm Corporation. These forms apply to their facilities located at 45-5 Cornelia Street, Newark, New Jersey, and 241 Union Avenue, Wood-Ridge, New Jersey. In essence, these two facilities are refiling as only generators of hazardous waste. After further review of Cellofilm's operations, it was determined that neither facility is a T/S/D facility, nor do they transport hazardous waste as was stated on the original applications.

If there are any questions regarding the above, please contact the undersigned.

Very truly yours,

STRAUBING & RUBIN

Kenneth C. Friis

KCF:bmc

Attachments:

cc: Mr. S. Eysmann

Mr. P. Sullivan

Mr. R. Rossomando

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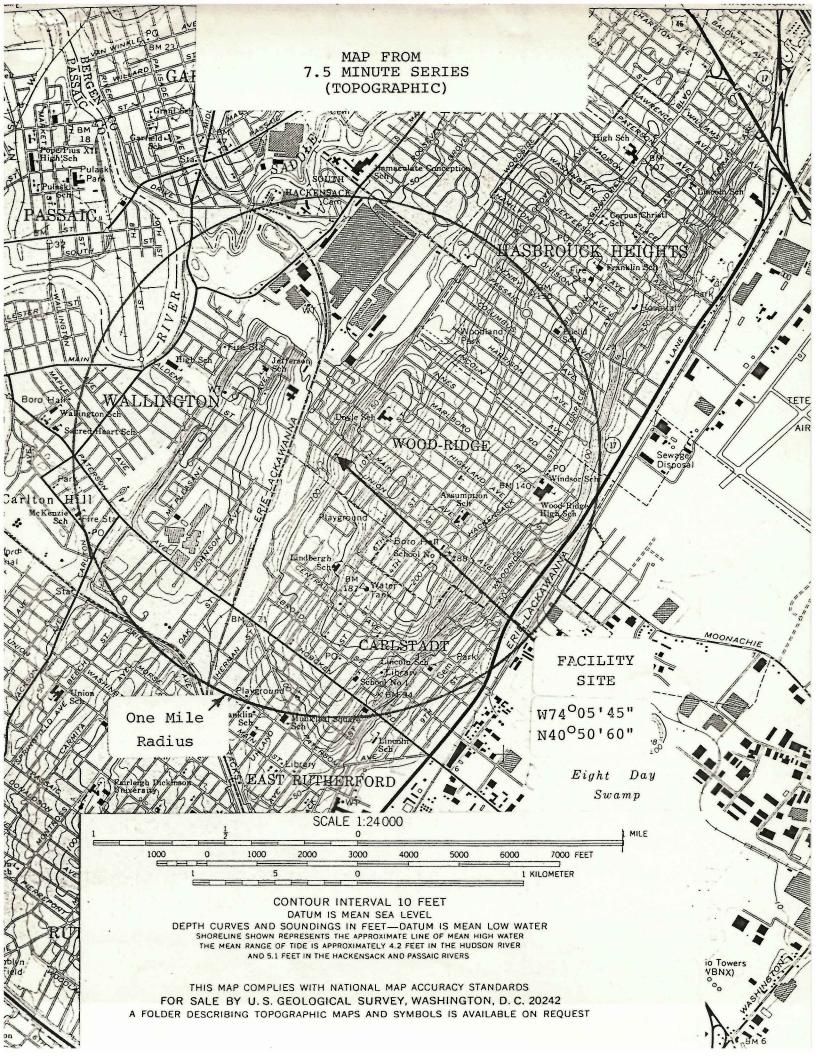
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ROBERT ROSSOMANDO VICE PRESIDENT

I.D. - FOR OFFICIAL USE ONLY

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I. EPA I.D	NUMBER	11111	1	1	11	111111	it	in th	e designa	if any of	. Revie	w the	inform-
III. FACIL	LITY NAME	1111	/	/	11		th	rough	it and	enter the	correc	ct dat	a in the
77	11111	1111	1	/	11		th	e pre	printed o	in area bo lata is abs	ent (th	he are	a to the
V. FACIL	NG ADDRESS	PLEASE PLA	ACE	LA	BEL IN	THIS SPACE				el space l' earl, plea			
111	1111	1.1.1.	/	/	11	111111				rea(s) bel			
111	11/1/	1111	//	1	111		Ite	ems I	, III, V	, and VI eted regar	(excep	t VI-	B which
VI. FACIL	TION	11111	1	1	111		ite	ems if	no labe	has been	provi	ided.	Refer to
111	11/1//	1111	1	1	11	111111	tic	ons a	nd for 1	he legal a	uthori		
II POLLUT	ANT CHARACTERISTICS		1	1	11			men u	iis data i	Collected		NAME OF TAXABLE PARTY.	
		The term above to be sent to	hath	or wo	u pood to	submit any permit application			the EDA	If you ar			
questions,	you must submit this form	and the supplement	tal fo	rm li	sted in the	parenthesis following the ques	tion	. Mar	k "X" in	the box in	the th	nird co	lumn
if the supp	elemental form is attached.	If you answer "no"	to e	ach q	uestion, y	ou need not submit any of thes o, Section D of the instructions	e fo	rms.	ou may	answer "n	o" if y	our ac	tivity
is excluded			mzn		K ,X,	o, section b of the instructions	TOF	detin	tions of	noia-race	ı term	MAR.	
	SPECIFIC QUESTION	NS	YES	EC100 10.1001	FORM	SPECIFIC Q	CANAL P.	100	Contract Con		YES	NO	FORM
A. Is this	facility a publicly owneresults in a discharge to	d treatment works		x		B. Does or will this facility (include a concentrated a	eith nim	er exi	sting or	proposed)		x	100
(FORM	(2A)	waters of the O.S.;				aquatic animal production discharge to waters of the	n fa	cility	which re	sults in a			
C. Is this	a facility which currently	results in discharges	16	17 X	10.00	D. Is this a proposed facility	(oti	her th	an those	described	19	20	21
A or B	ers of the U.S. other than above? (FORM 2C)	those described in	22	23	24	in A or B above) which waters of the U.S.? (FORM	will 120	result	in a di	charge to	25	X 26	27
	r will this facility treat,	store, or dispose of		Х		 F. Do you or will you inject municipal effluent below 	at	this fa	cility in	dustrial or			
hazardo	ous wastes? (FORM 3)					taining, within one quar underground sources of dr	ter	mile	of the	well bore,		X	
	or will you inject at this fa		26	29	30	2 - 4 - En Existent	1				31	32	33
in conn	or other fluids which are bruection with conventional of	il or natural gas pro-		х		H. Do you or will you inject at this facility fluids for spe- cial processes such as mining of sulfur by the Frasch			1				
oil or n	i, inject fluids used for en atural gas, or inject fluids	hanced recovery of for storage of liquid				process, solution mining tion of fossil fuel, or reco	over	y of g	eotherm	combus-		X	98.01
l. Is this	arbons? (FORM 4) facility a proposed station	ary source which is	34	35	36	J. Is this facility a proposed	ets	ations	ry source	which is	37	38	39
one of	the 28 industrial categories and which will potent	ies listed in the in-		-		NOT one of the 28 industructions and which wi	stria	I cate	gories lis	ted in the	100		COURTS
per yea	ar of any air pollutant r	egulated under the		X		per year of any air polluta	nt re	egulat	ed under	the Clean	1100	X	at raight
attainm	ent area? (FORM 5)	De located in an	40	41	42	Air Act and may affect or area? (FORM 5)	De	locate	d in an a	ttainment	43	44	45
c	OF FACILITY									-			
1 SKIP C	ELLOFILM	CORPO	R	AT	ION								
	TY CONTACT				MA ALES						69		2000
clll	A. NAM	ME & TITLE (last, fire					PHO	NE (rea code	& no.)	24,3		State of
2 R O S	SOMANDO,	ROBER			VI		1	4 3	8 8 7	1 0 0			
V. FACILIT	Y MAILING ADDRESS					45 46	48	49	51 52	- 55		100	
	A CONTRACTOR LABOR.	STREET OR P.O.		Lynt	State South	C. Kirlya (10 Seel-Sinkraa) Books?				rest da de	STATE		2012/10/10
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4 W O O	D-RIDGE		2015		•	N J 0 7 0 7	5		ALC:	-d	71	11	82
VI. FACILIT	Y LOCATION	o			S. Jeel		34						
<u> </u>		E NO. OR OTHER SE	PECI	FICI	DENTIFIE	IR IIII							
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P1-4 / 1/2		TY NAME			- 69 - 1	1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1104	ARCEN.	19.2	572	
BERG	EN		30.48	1	4	Na. 1		977 -7	Section 1	FIRST	17.20	et de	
46		Y OR TOWN				70		F.C.	UNTY	ODE	1		AN TOTAL TO
4		YORTOWN	-	1 1		D.STATE E. ZIP CODE	-		if known				150
6 W, O, O,	D-RIDGE					N J 0 7 0 7	5	Sunday		-	THE REAL PROPERTY.	or to the	Acres 1

CONTINUED FROM THE FRONT				A SECTION OF THE PARTY OF
VII. SIC CODES (4-digit, in order of priority)				
A. FIRST		· · · · · · · · · · · · · · · · · · ·	A REAL PROPERTY.	COND
7 2 8 5 1 (specify) PAINTS AND VA	RNISH	7 (3)	pecify)	
C. THIRD			D. FO	URTH
(specify)		5 (3)	pecify)	
13 16 - 19		12 15 - 12		
VIII. OPERATOR INFORMATION	一个国际,这些民		Market Land Street	
c	A. NAME			B. is the name listed
				item VIII-A also to owner?
15 16	ORATION			YES NO
C. STATUS OF OPERATOR (Enter the appr F = FEDERAL M = PUBLIC (other than)	opriate letter into the ans	wer box; if "Other", spe	ecify.)	D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than) S = STATE 0 = OTHER (specify) P = PRIVATE	P	(specify)	A 13	2 0 1 4 3 8 7 1 0 0
E, STREET OF				16 - 16 19 - 21 22 - 25
2 4 1 UNION AVENUE	3			
F. CITY OR TOWN		G.STATE H	ZIP CODE IX. INI	DIAN LAND
WOOD DIDOR				facility located on Indian lands?
B W O O D - R I D G E		N J O	7075	YES NO
15 16		40 41 42 47	- 51 5	
X. EXISTING ENVIRONMENTAL PERMITS		Agent de la company de la comp	P75.113 411.13	
A. NPDES (Discharges to Surface Water)		us from Proposed Source		Details company to the State of Assessment
9 N	9 P			
15 16 17 18	18 16 17 13		30	TANK DESTRUCTION OF THE PARTY O
B. UIC (Underground Injection of Fiulds)		ER (specify)		Delegant Calendary Constitution
9 10	9		(specify)	
15 16 17 ta - 30	18 16 17 18		30	
C. RCRA (Hazardous Wastes)		ER (specify)		CONTRACTOR STATEMENT
9 R	9		(specify)	
15 16 17 10 30	15 16 17 10		30	Short Sant State of the State o
XI. MAP	The state of the s			
Attach to this application a topographic map the outline of the facility, the location of each	of the area extending	to at least one mile b	eyond property bo	ounderies. The man must show
treatment, storage, or disposal facilities, and	each well where it in	acts fluids undergroup	discharge structur	es, each of its hazardous waste
	ioi biocise redoitettet	ts.	arier include all sp	ings, rivers and other surface
XII. NATURE OF BUSINESS (provide a brief descrip	tion)			
				was noticed the subject of the subject of
MANUFACTURING BASE LAC	QUERS AND INDUS	TRIAL FINISHES	S FOR THE COA	TINGS INDUSTRY
		TINIBINE	J TOK THE COR	TINGS INDUSTRI.
		APPLICATION OF LAND		
(III. CERTIFICATION (see instructions)				
				2017年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日
I certify under penalty of law that I have pers	of those parameters	m familiar with the i	information submi	tted in this application and all
application, I believe that the information is	true accurate and con	ediately responsible	for obtaining the	information contained in the
false information, including the possibility of f	ine and imprisonment	prote. Fall aware ti	nat there are signif	ricant penalties for submitting
. NAME & OFFICIAL TITLE (type or print)	B. SIGNAT			
ROBERT ROSSOMANDO	and the state of t			C. DATE SIGNED
VICE PRESIDNET	71	+ Possoma	1	-1-1-
OMMENTS FOR OFFICIAL USE ONLY	lafe	Jossoma	nde	7/7/82
		A STATE OF THE STA		经验的证据的证据的证据的证据
		THE BOTH OF PARTY AND ADDRESS OF	The state of the s	
A Form 3510-1 (6-80) REVERSE				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A Form 3510-1 (6-80) REVERSE				



PHONE N. J. 438-7100 N. Y. 564-2063

ORPORATION

RAYMOND WATYCHOWICZ PLANT SUPERINTENDENT

241 UNION AVENUE WOOD-RIDGE, NEW JERSEY

IRONMENTAL PROTECTION AGENCY

Inspected By:

Date:

R INSPECTION CHECKLIST

20x 4chrom (

		1.0. 11.	001374503
Gen	erator's Address: 241 Union 213 War 2006 Cont.	act: Rubwet	Russpmnnis
		Rym	WE WAT YCHOW!
		YES	NO NO
1.	Does generator have an EPA I.D. number?	· (X)	()
2.	Does generator store material on-site?' VATIL FALL FALL	(X)	()
3.	Is waste accumulated for more than 90 days?	(1)	()
4.	Does generator manifest waste?	(x)	()
5.	Does manifest show following information: del form		
	a. Name, address, I.D. of generator	(~)	()
	b. Name, address, I.D. of transporter	(~)	()
	c. Name, address, I.D. of designated facility	(4)	()
	d. Name, of alternative facility premarger	()	(/)
	e. DOT waste description	(')	()
,	f. Quantity of waste-volume, weight, number of containers 3-4/week 5552		()
	g. Signed certification statement	()	(.)
6.	Does generator maintain manifest records?	(×)	()
7.	General Comments: VS4> H4TC FOR ALL WASTE MAT'L		4
	AGTE REMANIFISTO AT MT ULIVE SOMETIMES		ENVI
	South Frammpalis	EW YO	ONHE C
		R. N.	GENCY OF
			NOTEOTION



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA TRANSPORTER INSPECTION CHECKLIST

Transporter Name:	EPA I.D.:				
Transporter Address:	Driver:				àT.
		<u>Y</u>	<u>es</u>	N	<u> </u>
1. Does the transporter have an EPA I.D. num	nber?	(7	()
2. Is the transporter carrying hazardous was	te?	(4)	()
3. Does the transporter have a manifest?		(4	/)	()
4. Does the manifest show the following info	rmation:				Ĭ.
a. Name, address, I.D. of generator	. Julou	()	. ()
b. Name, address, I.D. of transporter		()	()
c. Name, address, I.D. of designated fac	ility	()	()
d. Name of alternative facility		()	. ` `	,
e. DOT waste description)	(``
f. Quantity of waste-volume, weight, number of containers			, -	,	
g. Signed certification statement		()	. ()
Does the manifest information confirm vehi	cle load?	()	()
. Is the vehicle placarded for hazardous was	ste?	()	()
General comments:	IN THAM PLATNE IN	2513 6	~~~		
plant to plant rose rual Dispo				<i>y-03</i> 1	
					÷
	Inspected by				





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA TSD FACILITY INSPECTION CHECKLIST

Con	npany's Name:	EPA I.D. #			
Com	pany's Address:	Contact:			
			YES	N	0
1.	Does the facility have an EPA I.D. number?		(×)	()
2.	In what capacity does the facility handle hazardous waste? Circle all appropriate		(''/))
	<u>Storer</u> <u>Treater</u>	Di	sposer		
(Pile Drums Filtration Incineration Surface Tanks Subsurface Tanks Surface Impoundments Other Other	La In Su	ndfill nd Treatmen cineration rface Impor her		nt —
3.	Does the facility generate hazardous waste?		(>)	()
4.	Does the facility transport hazardous waste?		()	(\	1
5.	Does the facility comply with the following		(×)	(.)
	a. Adequate Security Comments:		()	. ()
	no smoking rigin				
	b. Contingency Plan and Emergency Procedures Comments:		(×)	()
	c. Inspection Plan Comments: meeter with G		(×)	()
in Ja	d. Personnel Training Comments: pro depart, relate did	les ((X)	()

-26 mtre cellalore · largue lore

ee	Comments: langue langue langue.	()	()
Barra and a	representative sample & ARTE		
f	Preparedness and Prevention Plans Comments:	()	()
6. Has th	he facility filed a part A permit application?	(>)	()
7. Does t	the facility maintain manifest records?	(8)	()
8. Does t	the facility have other environmental permits?	()	()
a. N	PDES	- ()	(4)
b. Ai	ir	()	(+)
c. St	tate -identify Air Pollution - Jantilation Frans	(4)	. (*)
	ther -identify (- cal rus paper.	×	()
9. Identi	ify hazardous wastes handled and method for handling	1 1	1
	samuels, estates con 95, 10099	fygel, lylen	od .
	1 11 T	,,	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	instruction and the	to almospher	<u>~</u>
LO. Genera	al Comments		
	-1 Commence		
7 <u>1</u>			
1,66			
			v 2 . p. 5
	Inspecte	d by:	
		Date:	43.00 T

		URNED	KNOWLEDGEMENT SEN	T
REAS	ON			
amy	ple	INTERNAL CHECKLIST ID	# NJD 0013943	303
V				
1.	Int	erim Regulatory Requirements		
	Α.	(1) FORM 1 MISSING	I <u></u>	
		.(2) FORM 3 MISSING	1 <u></u> 1	
	в.	POSTMARK after NOVEMBER 19, 1980	Valid	1_1
	C.	(1) DATE of OPERATION MISSING		
		(2) DATE of OPERATION after NOVEMBER 19,	1980	
	· D · (2	NUN-ACTIFIER 2)NOTIFIED after AUGUST 18, 1980	☐ Valid	1_1
	E.	.(1) FORM 1, VIII B SIGNATURE MIDDING	1 <u></u>	
		(2) FORM 3, IX B SIGNATURE MISSING	<u> </u>	
2. (/ A.	HANDLER 3	1_1	
•) в.	HANDLER NONREGULATED	1_1	
(c.	UNSURE	1_1	
	D.	UNKNOWN FACILITY (missing name and address on Form 3)	I <u></u>	
	E.	NEW FACILITY > NOV.19,1980	<u> </u>	
	F.	CORE ITEM(S) MISSING		
	G.	NON-CORE ITEM(S) MISSING	I <u> </u>	
	н.	OTHER	1_1	
		MISSING : MAP [] DRAWING [] PHOTO []		

· AOK

Please print or type in the unshaded areas only (fiil-in areas a, spaced for elite type, i.e., 12 characters/inch	1).			Form Approved OMB No. 1	58-R0	175	OIC
FORM SEPA GEN	ERA onsolie	AL I	NFORM Permits P	MATION Program I. EPA I.D. NUMBER FN J D 0 0 1 3 9	1 1	0	3 3 0
GENERAL (Read the "I		1	The state of the s	If a preprinted label has be it in the designated space, ation carefully; if any of it through it and enter the	een p Revie	rovide w the corre	inform- ect, cross a in the
FACILITY	ACE	LA	BEL IN	appropriate fill—in area bel the preprinted data is abseleft of the label space list that should appear), please proper fill—in area(s) belo complete and correct, you	nt (the ts the prove	e are e info vide i the	a to the ormation it in the label is
VI. FACILITY LOCATION		1		Items I, III, V, and VI (must be completed regard items if no label has been the instructions for deta tions and for the legal au	excep less). provi iled	t VI- Com ded. item	B which plete all Refer to descrip-
II. POLLUTANT CHARACTERISTICS	1	1		which this data is collected,		133	
INSTRUCTIONS: Complete A through J to determine we questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no"	tal fo	rm li ach q uctio	isted in the question, y ons. See als	submit any permit application forms to the EPA. If you anse parenthesis following the question. Mark "X" in the box in you need not submit any of these forms. You may answer "note, Section D of the instructions for definitions of bold—faced	the th	our ac	olumn ctivity
SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	16	X	10	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	19	X 20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	3	X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		Х	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X	23	24	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	25	X	27
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	26	X	30	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	31	X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		35 X	36	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	37	X 44	39
III. NAME OF FACILITY SKIP CELLOFILM CORPO			ION		69	Kar	
A. NAME & TITLE (last, fit		title)	B. PHONE (area code & no.)		800	用点
2 ROSSOMANDO ROBERT	V	I	CE	PRES. 201 + 38 7,100			
A. STREET OR P.O.	-	T	П				
B. CITY OR TOWN Wood- Ridge		1		C.STATE D. ZIP CODE			
VI. FACILITY LOCATION				40 41 42 47 - 51	AT PAGE		
A. STREET, ROUTE NO. OR OTHER S	SPECI	FIC	IDENTIFI	ER			
5 2 4 1 Union Avenue B. COUNTY NAME				45			
Bergen		!		70	4	00	
C. CITY OR TOWN	-	-	111	D.STATE E. ZIP CODE F. COUNTY CODE (if known)			
6 W, o, o, d, - R, i, d, g, e,				N J 0 7 0 7 5			
EPA Form 3510-1 (6-80)				CONTI	NUE	ON R	EVERSE

CONTINUED FROM THE FRONT		#16374g***			
VII. SIC CODES (4-digit, in order of priority)		AND THE REAL PROPERTY.	CONTRACTOR	THE REAL PROPERTY.	The state of the s
A. FIRST	AND DESCRIPTION OF THE PARTY OF	cliii	I dama si fici	B. SECOND	
7 2 8 5 1 (specify) Paints and Varnish		7	(specify)		
raints and varitish		15 16 - 1	9	D. FOURTH	
c. 1111 (specify)		6 111	(specify)	J. FOORTH	SHOWING THE RESERVED TO
7		7			
VIII. OPERATOR INFORMATION		15116			CALL STREET, S
	A. NAME	CONTRACTOR OF THE PARTY OF THE		IN CHARLES AND	B. is the name listed
CELLOFILM CORPORAT	ION				owner?
					YES NO
15 16		denegative)		Section 1	55 66
F = FEDERAL M = PUBLIC (other than federal or states a second of the sec	rite) P (sp	ecify)	, specify.)	D. PHON	(area code & no.)
P = PRIVATE E. STREET OR P.O. BOX	56			15 16 - 18	19 - 21 22 - 28
			T		
242 Union Ave					
F. CITY OR TOWN	NAME OF THE OWNER.	G.STAT	E H. ZIP CODE	IX, INDIAN LAND	
We and Dear			1111	The second secon	ted on Indian lands?
B Wood Ridge	111	NJ	07075	TYES 52	™ NO
15 16		40 41 42	47 - 51	34	
X. EXISTING ENVIRONMENTAL PERMITS	August Marie	是是为此	E ALVA SET	TANK SE	5 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·
	(Air Emissions				
9 N 9 P					
B. UIC (Underground Injection of Fluids)	10	/enaciful	30		
C 7 1 1 1 1 1 1 1 1 1 1 C 7 1	E. OTHER	(specify)	1 1 1/2	i fu l	
9 U 9			(speci	(עני	
C. RCRA (Hazardous Wastes)	E, OTHER	(specify)	30		
C	1111	TIT TI	(speci	fv)	
9 R 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			1 1 1		
XI. MAP	NAUGUS ES	No. of the last	30	The state of the s	
Attach to this application a topographic map of the are the outline of the facility, the location of each of its e treatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precision. XII. NATURE OF BUSINESS (provide a brief description)	existing and pro-	oposed intake	and discharge s	tructures each of	ite hazardaue wasta
Manufacturing Base Lacquers and I	ndustrial	finishes	for the co	ating indust	rv
					•
		4			
		A			
	E9	.51			
	1 1	. 51			
XIII, CERTIFICATION (see instructions)				ANGEL IN THE SE	
I certify under penalty of law that I have personally exattachments and that, based on my inquiry of those application. I believe that the information is true.	amined and an	n familiar with	the informatio	n submitted in th	is application and all
false information, including the possibility of fine and in	irate ano comi	olete. I am aw	vare that there a	ung the informati are significant pen	on contained in the alties for submitting
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATU	RE		[c.	DATE SIGNED
Robert Rossomando	1	-7	1		44 16 100
Vice President	. Kates	1 Korpo.	mande.		11/6/80
COMMENTS FOR OFFICIAL USE ONLY				PHALIPPACE OF	
5 16	1 1 1 1				58
PA Form 3510-1 (6-80) REVERSE					

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The same of	CR			VLIA	(2	This informat				Permits under				5 of	RCI	RA.)	F	NJI	99	13	9	4	9	3 3 1
AF	PL	IC		CIAL USE ONLY DATE RECEIVED (yr., mo., & day)											COI	MMENTS								
				8011119																				
	_	_	_	OR REVISED APPL		The second second						H	di		H	TER	N				11			(A) (B)
EP	A I	.D	Nu	in the appropriate box cation. If this is your f mber in Item I above.	irst app	lication and	you	alreac	ly kno	ow you	ur fac	cility	y's l	ether EPA	thi	is is the first a . Number, or	ipplicat if this is	ion you a revise	are submed applica	nitting ation,	for	your r you	facili ur fac	ity or a ility's
A.				APPLICATION (place xisting facility (See ins	tructions for ete item belo	defi w.)	nition	of "e	existin	g" fa	cilit	y.				71 2.1	IEW FA	CILITY	FC	RN	EW I	FACIL	LITIES,
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Continued from the front.						CONTRACTOR
III. PROCESSES (continued)				REAL PROPERTY.		一种 學
C. SPACE FOR ADDITIONAL PROCESS CODE	S OR FOR DESCRIBING	S OTHER PI	ROCESSES (c	ode "T04").	FOR EACH	PROCESS ENTE

	IV. DESC	CRIPTION	OF HAZ	ARDOUS	WASTES
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- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant,
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter

'included with above" and make no other entries on that line

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

		A.	E	PA				UNIT		D. PROCESSES											
LINE NO.	W	AS	ST	EN cod	10	B. ESTIMATED ANNUAL QUANTITY OF WASTE	S	MEA URE enter ode)	1. PROCESS CODES (enter)								DES			2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
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X-2	L	0	0	0	2	400		P	T	0	3	D) {	8 0)						
X-:	3 L)	0	0	1	100		P	T	0	3	D) {	8 0)						
X-4	1 1)	0	0	2								To the second				1000			included with above	

	_	_	D. I	_	MBER (enter from page 1)	1	1				_	CIAL USE	DNLY
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5	U	1	4	0	7500000	P		S	01	D80			
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EPA F	ori	n 35								29	20	27 - 29	CONTINUE ON REVERSE

IV. DESCRIPTION OF HAZARDOUS WASTES		
	S (continued)	
E. USE THIS SPACE TO LIST ADDITIONAL	PROCESS CODES FROM ITEM D(1) ON PAGE 3.	
	0	
	A	
EPA I.D. NO. (enter from page 1)	F6:55 F6:56	
N J D O O 1 3 9 4 3 0 3 3 6	55	
BY MANUFACTURE AND ADDRESS OF THE PARTY OF T	NAME OF TAXABLE PARTY.	
FACILITY DRAWING		
Ill existing facilities must include in the space provide	ed on page 5 a scale drawing of the facility (see instructions)	for more detail).
I. PHOTOGRAPHS	出作的代表的。在是中国的主义	
All existing facilities must include photographs	(aerial or ground-level) that clearly delineate all exi	isting structures; existing storage,
	e storage, treatment or disposal areas (see instruction	s for more detail).
II. FACILITY GEOGRAPHIC LOCATION	全有1000000000000000000000000000000000000	HOLES HAND A CANONICAL PROPERTY OF THE PARTY
LATITUDE (degrees, minutes, & sec	conds) LONGITUDE	(degrees, minutes, & seconds)
40 50 59	8	4 0 5 4 5 2
/III. FACILITY OWNER	07	4 0 5 4 5 2
	or as listed in Section VIII on Form 1 "General Information	4 0 5 4 5 2 74 75 76 77 - 78
	or as listed in Section VIII on Form 1, "General Information	n", place an "X" in the box to the left and
A. If the facility owner is also the facility operatorskip to Section IX below.		
A. If the facility owner is also the facility operatorskip to Section IX below. B. If the facility owner is not the facility operators.	or as listed in Section VIII on Form 1, complete the following	
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1JD001394303 Cellofilm	Corp. aded	areas only.	GSA No. 0246-EPA-OT
	SW.	ASTE ACTIVITY	INSTRUCTIONS: If you received a preprinted
INSTALLA-			label, affix it in the space at left. If any of the information on the label is incorrect, draw a line
TION'S EPA I.D. NO. MYTOU 1300	3205		through it and supply the correct information
I. STALLATION	a" Paus Igo" Teo"		in the appropriate section below. If the label is complete and correct, leave Items 1, 11, and 111
INSTALLA- INDLISTRIE	L FIMISHĮMG PRODUC	CTS*	below blank. If you did not receive a preprinted label, complete all items. "Installation" means a
II. MAILING ASS LOGAT BROOKLYN.			single site where hazardous waste is generated, treated, stored and/or disposed of, or a trans-
			porter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-
LOCATION 465 LOGAL	N ST		CATION before completing this form. The information requested herein is required by law
III OF INSTAL- BROOKLYM	. MY 11208		(Section 3010 of the Resource Conservation and Recovery Act).
FOR OFFICIAL USE ONLY	COMMENTS		
C		THE	
15 16 INSTALLATION'S EPA I.D. NUI	LIIIIIIIII	RECEIVED	
ENT NO (1) 30 413 (MBER APPROVED (yr., m	o., & day)	
FINDPIQUE PIPPI	13 14 15 16 17	10/8	the second of
I. NAME OF INSTALLATION			
TELLOFILM YO	IAP IIII		67
II. INSTALLATION MAILING AI	STREET OR P.O. BOX	提供完整的工程	
3241 UNION A	V E		
15 16			45
4 WOODRIDGE	Y OR TOWN	ST. ZIP	CODE
15 16		40 41 42 47	. 51
III. LOCATION OF INSTALLATI	EET OR ROUTE NUMBER		
5 Same 241 VN	TOW AVE.		
15 16 CIT'	OR TOWN		CODE
6WODRIDGS		W.T07	0175
IV. INSTALLATION CONTACT		40 41 42 47	- 51
	ND TITLE (last, first, & job title)		PHONE NO. (area code & no.)
2 ROSSOMANDO	ROBERT VICE	ILES	201-438-7100
V. OWNERSHIP	AND DESCRIPTIONS		45 46 - 48 49 - 51 52 - 55
	A. NAME OF INSTALLATION'S	LEGAL OWNER	
8 POLYCHROME	CORP YOMKER	SMY	
(enter the appropriate letter into box)		VASTE ACTIVITY (en	ter "X" in the appropriate box(es))
F = FEDERAL M	A. GENERATION	□ B. TI	RANSPORTATION (complete item VII)
M = NON-FEDERAL //	C. TREAT/STORE/DIS	60	NDERGROUND INJECTION
VII. MODE OF TRANSPORTATION		THE RESIDENCE OF THE PARTY OF T	
A. AIR B. RAIL	C. HIGHWAY D. WA	ATER E. OTHER	(specify):
VIII. FIRST OR SUBSEQUENT No Mark "X" in the appropriate box to indi		e first notification of h	rdous waste activity or a subsequent notification.
If this is not your first notification, enter	your Installation's EPA I.D. Number	r in the space provided bel	ow.
			C. INSTALLATION'S EPA I.D. NO.
A. FIRST NOTIFICATION	B. SUBSEQUENT NOTIF	ICATION (complete item	0) 11001303205
IX. DESCRIPTION OF HAZARDO		STEEL ST	All the last plants and the last state of
Please go to the reverse of this form and EPA Form 8700-12 (6-80)	provide the requested information.		CONTINUE ON REVERSE

A. HAZARDOUS WASTES waste from non-specific	FROM NON-SPECIFIC	C SOURCES. Enter the	four-digit number from	40 CFR Part 261,31 fo	or each listed hazardous	
1 F 0 0 3 23 - 26 7	2 F 0 0 5 23 - 26 8	23 - 26	23 - 26	23 - 26	23 - 26	200.20
B. HAZARDOUS WASTES I specific industrial sources				R Part 261.32 for each	listed hazardous waste fro	m
13 K 0 7 8 23 - 26 19	23 - 24 20	23 - 26	23 - 26	23 - 26	23 - 26	
25	26	27	28	29	30	
C. COMMERCIAL CHEMIC stance your installation ha	AL PRODUCT HAZAR andles which may be a h	DOUS WASTES. Enter pazardous waste. Use ad	the four-digit number ditional sheets if necessa	from 40 CFR Part 261.3 ary.	3 for each chemical sub-	
31 40 0 2 23 - 26 37 43 43	32 4 0 3 1 23 - 26 38 4 1 6 1 23 - 26 44	33 Y / O 7 23 - 26 39 V 2 2 0 23 - 26 45	34 4 1 1 Z 23 - 26 40 4 2 3 9 23 - 26 46	35 9 1 4 0 23 - 26 41 42 47	36 U//5 4 23 - 26 42 23 - 26 A8	
D. LISTED INFECTIOUS W. hospitals, medical and rese	ASTES. Enter the four earch laboratories your	-digit number from 40	CFR Part 261.34 for each additional sheets if nec	ch listed hazardous waste	from hospitals, veterinar	y
49	23 - 26	51	52	53	54	
E. CHARACTERISTICS OF hazardous wastes your inst	tallation handles. (See	RDOUS WASTES, Mark 40 CFR Parts 261.21 — 32. CORROSIVE 1002)	"X" in the boxes correct 261.24.) []3. REAC	TIVE	ristics of non—listed [M4. TOXIC	
X. CERTIFICATION I certify under penalty attached documents, an I believe that the submi mitting false information	d that based on my tted information is	inquiry of those ind true, accurate, and co	ividuals immediately	the information sub-	omitted in this and all	12
EPA Form 8700-12 (6-80)	algang		- Pilo	print)	8/15/80	

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EPA Form 8700-12 (6-80)

Please go to the reverse of this form and provide the requested information.

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F 0 0 3	F 0 0 5	23 , 26	13 28	23 - 26	23 25		
7	8	9	10	11	12		
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13	tes your instanation hand	15	s it necessary.	17	18		
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23 - 26 43	23 - 26	4.5	23 - 26 46	23 - 26	23 - 26		
23 26	23 - 26	23 2 26	33 26	20 20	23 - 26		
LISTED INFECTIOUS hospitals, medical and	S WASTES. Enter the four research laboratories your	r—digit number from 40 installation handles. Us	CFR Part 261.34 for ear additional sheets if nec	ch listed hazardous was	te from hospitals, veterin	nary	
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CERTIFICATION							
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NATURE	0	NAME & OFF	NAME & OFFICIAL TITLE (type or print) Robert Rossomando			DATE SIGNED	
11111	visomanole		Vice President			8/11/80	

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ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	*NJD001394303		
	CELLOFILM CORP 241 UNION AVE WOODRIGE	нд	07075
INSTALLATION ADDRESS	> 241 BEION AVE. WOODRIDGE	нз	07075

EPA Form 8700-12B (4-80)

10/09/80